

Immaculate Conception Church (ICC) 2026 Youth Retreat Form

Type of event: Youth Retreat (grades 7th thru 12th))

Date of event: Friday, May 1, 2026 at 6:00 pm to Sunday, May 3, 2026 ending with 5 pm mass at ICC

Destination of event: *Camp Waianae*- 85-1508 Haleahi Rd., Waianae 96792 **Individual (s) in**

charge: Mark and Maricel Sebastian (ICC Youth Ministry Coordinators) **RETREAT FEE: \$150**

(covers bus transportation, lodging, food, retreat supplies for 3 days/2 nights)

Any forms submitted later than the deadline may be subject to a late fee of \$10. If you would like to attend but need financial assistance, please contact the parish office at (808)681-3701.

Form/Fee Deadline: SUNDAY, April 5, 2026 You may return form/payment to the parish office (during office hours) or at Youth Nights (first, third, & fifth Sundays of each month from 6:30-8:00 pm)

Packing list and further instructions will be emailed upon receipt of form and payment.

PARTICIPANT INFORMATION:

Name: First, Middle Initial, Last	Nickname	Gender
Date of Birth	Age	Incoming Grade/School
Address		
Parent/Guardian	Relationship	Contact Number/Email
Parent/Guardian	Relationship	Contact Number /Email
Emergency Contact	Relationship	Contact Number/Email

MEDICAL MATTERS:

Allergies: _____

Medical needs and/or medications: _____

PLEASE CHECK ONE OPTION:

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

* If completed and signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form

Signature/Date: _____

I hereby warrant that to the best of my knowledge; my child is in good health and I assumed all responsibility for the health of my child.

* If completed and signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form

Signature/Date: _____

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers contact the emergency contacts listed above.

* If completed and signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form

Signature/Date: _____

In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Honolulu, chaperone, or volunteers associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called (with phone charges reversed to myself). ** By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form

Signature/Date: _____

MEDIA:

I acknowledge that **Immaculate Conception Church** reserves the right to use student pictures and videos within the parish's and Diocese of Honolulu's official website, bulletin, and social media. The Parish Office must have on file a use of their child's picture in any publication or media.

* If completed and signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form

Signature/Date: _____

PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER:

I am/We are the parent(s)/guardians of the child named above. By signing below, I/We:

- Grant permission for my child to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from **Immaculate Conception Church**.
- Remain legally responsible for any personal actions taken by the above named minor ("participant").
- Agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend **Immaculate Conception Church**, its officers, directors, employees and agents, and the Diocese of Honolulu, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Honolulu, its employees and agents and chaperons or volunteers associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of Honolulu.
- Understand that I/we are responsible for notifying **Immaculate Conception Church** of any changes in the information provided above;
- Authorize any treatment by any licensed medical personnel deemed necessary in the event of a medical emergency and agree to pay for such medical expenses;
- Understand that all reasonable safety precautions will be taken at all times by **Immaculate Conception Church**;
- Release and hold harmless **Immaculate Conception Church**, the Roman Catholic Diocese of Honolulu, its employees and agents, contractors or volunteers, from any liability or injury, or any damages resulting from participation in any activity/event sponsored by **Immaculate Conception Church's** Faith Formation program;
- Understand that completion and submission of this form is required for participation in the **Immaculate Conception Church's** Faith Formation program presented in-person on campus.
- Understand that providing my phone number(s) and email address(es) indicates my approval that **Immaculate Conception Church** may communicate with me via telephone call, text, and email regarding parish and Faith Formation program concerns and events.

* If completed and signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form

Signature/Date: _____

FORM OF PAYMENT (PLEASE CHECK ONE OPTION)

Cash

Check (make payable to Immaculate Conception Church)

Online QR Code:
Drop down menu to Youth and Young Adult & Please Note: Retreat payment for (name)

